SUBMISSION ID:
 961277
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			N	O DISCHARGE I	NDICATOR:		
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch	n. When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-05-01							
2020-05-02							
2020-05-03		-	.			_	
2020-05-04		<u> </u>					
2020-05-05 2020-05-06						!	
2020-05-07	7.68	.051	AA0.01	AA0.01	21.51	189.62	.30
2020-05-08	7.00	1 .031	AAO.OI	AA0.01	22.51	105.02	.50
2020-05-09							
2020-05-10							
2020-05-11							
2020-05-12	7.72	.054	AA0.01	AA0.01	21.31	184.93	.13
2020-05-13	7.76	.108	AA0.01	AA0.01	22.12	190.77	.18
2020-05-14							
2020-05-15	***************************************					 	
2020-05-16 2020-05-17							
2020-05-17		<u></u>	-			 	
2020-05-19							
2020-05-20		8					
2020-05-21							
2020-05-22							
2020-05-23							
2020-05-24							
2020-05-25							
2020-05-26		<u> </u>	-	<u> </u>			
2020-05-27 2020-05-28		-	-			 	
2020-05-28		<u> </u>					
2020-05-30		1					
2020-05-31							
Minimum	7.68	0.051	0.0	0.0	21.31	184.93	0.13
Maximum	7.76	0.108	0.0	0.0	22.12	190.77	0.3
Average	000000000000000000000000000000000000000	0.071	0	0	21.64667	188.44	0.20333
Count	3	3	3	3	3	3	3
Name of Resp	onsible [certi	fy under the pe	nalty of law that	I Signature o	of Responsible	Official or	Submission
Official or Aut	horized $_{ m have}$ $_{ m I}$	personally exam		Author	ized Represent		Date/Time
Representa		ar with the info					
		tted herein and					
000000000000000000000000000000000000000		y of those indiv		\$0000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	***************************************
			ble for obtainin	g l			Complete
	the in	formation, I bel		_			Certification Version Date
Jeff	submi		n is true, accura	te 🏻			AGIZIOII Dare
	8 7	omplete. I am av					2020-06-
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Page 1

 SUBMISSION ID:
 961277
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

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 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			NO	DISCHARGE IN	IDICATOR:		
PARAMETER	Flow Rate						
PARAMETER	50050						
CODE							
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING	24hr Total						
TYPE 2020-05-01	Estimate						
2020-05-02							
2020-05-03			i				
2020-05-04							
2020-05-05					***************************************		
2020-05-06							
2020-05-07	.324						
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11				***************************************			
2020-05-12	.0891						
2020-05-13	.19556						
2020-05-14 2020-05-15							
2020-05-16							
2020-05-17							
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2020-05-27 2020-05-28							
2020-05-28							
2020-05-30	***************************************	***************************************	***************************************	***************************************	***************************************	***************************************	
2020-05-31							
Minimum	0.0891						
Maximum	0.324			***************************************			
Average	0.20289						
Count	3						
Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information			Signature of Responsible Official or Submission Authorized Representative Date/Time				
submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.							Certification Version Date 2020-06- 26 08:06

Page 2

 SUBMISSION ID:
 961277
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			N	O DISCHARGE I	NDICATOR:		
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch	
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-05-01 2020-05-02							
2020-05-03							
2020-05-04							
2020-05-05							
2020-05-06							
2020-05-07						.	
2020-05-08	***************************************		-			_	
2020-05-09		-		<u></u>			
2020-05-10 2020-05-11		-		<u> </u>			
2020-05-11							
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2020-05-21		1					
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2020-05-24		-		<u></u>			
2020-05-25 2020-05-26		-	1				
2020-05-27		-		}			
2020-05-28		-					
2020-05-29		T		<u> </u>			
2020-05-30							
2020-05-31							
Minimum							
Maximum							
Average	000000000000000000000000000000000000000	300000000000000000000000000000000000000			0		
Count							
Name of Resp	onsible I certi	fy under the pe	nalty of law that	I Signature o	of Responsible		Submission
Official or Aut	horized have r	personally exam		Author	ized Represent	tative	Date/Time
Representa	år cy 11 tra 11 t	ar with the info					
	submi	tted herein and	based on my				
	inquir	y of those indiv	iduals				
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Page 3

 SUBMISSION ID:
 961277
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			NO	DISCHARGE IN	IDICATOR:		
PARAMETER	Flow Rate						
PARAMETER	50050						
CODE							
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING TYPE	24hr Total Estimate						
2020-05-01	Estimate						
2020-05-01			ŀ				
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2020-05-05	***************************************				***************************************		
2020-05-06				***************************************			
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2020-05-16		1					
2020-05-17							
2020-05-18		1					
2020-05-19							
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2020-05-27 2020-05-28			 				
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2020-05-31							
Minimum							
Maximum			f	***************************************			
Average	000000000000000000000000000000000000000			100000000000000000000000000000000000000	020000000000000000000000000000000000000	000000000000000000000000000000000000000	
Count	0001114000111000011100001110000111000011100			000000000000000000000000000000000000000			000000000000000000000000000000000000000
Name of Responsible of Certify under the penalty of law that I official or Authorized have personally examined and am familiar with the information submitted herein and based on my				f Responsible (ized Represent		Submission Date/Time	
Jeff Williamson Williamson Submitted fieleff and based on fily inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.							Certification Version Date 2020-06- 26 08:06

Page 4

 SUBMISSION ID:
 961277
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			N	O DISCHARGE I	NDICATOR:		
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch	
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-05-01 2020-05-02							
2020-05-03							
2020-05-04							
2020-05-05							
2020-05-06							
2020-05-07						.	
2020-05-08	***************************************		-			_	
2020-05-09		-		<u></u>			
2020-05-10 2020-05-11		-		<u> </u>			
2020-05-11							
2020-05-12		1					
2020-05-14							
2020-05-15							
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2020-05-21		1					
2020-05-22		_					
2020-05-23							
2020-05-24		-		<u></u>			
2020-05-25 2020-05-26			1				
2020-05-27		-		}			
2020-05-28		1					
2020-05-29		T		<u> </u>			
2020-05-30							
2020-05-31							
Minimum							
Maximum							
Average	000000000000000000000000000000000000000	300000000000000000000000000000000000000			0		
Count							
Name of Resp	onsible I certi	fy under the pe	nalty of law that	I Signature o	of Responsible		Submission
Official or Aut	horized have r	personally exam		Author	ized Represent	tative	Date/Time
Representa	år cy 11 tra 11 t	ar with the info					
	submi	tted herein and	based on my				
	inquir	y of those indiv	iduals				
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Jeff	submi		is true, accura	te 🛮			
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		nformation, inc		-			26 08:06
		oility of fine and					

Page 5

 SUBMISSION ID:
 961277
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			NO	DISCHARGE IN	IDICATON.		
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disc	n.					
SAMPLING	24hr Tota						
TYPE	Estimate						
2020-05-01							
2020-05-02							
2020-05-03							
2020-05-04							
2020-05-05							
2020-05-06							
2020-05-07							
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11			 -	***************************************			
2020-05-12							
2020-05-13			 				
2020-05-14							
2020-05-15							
2020-05-16							
2020-05-17							
2020-05-18 2020-05-19							
2020-05-19		_					
2020-05-20							
2020-05-22							
2020-05-23							
2020-05-24							
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2020-05-30	***************************************						
2020-05-31							
Minimum							
Maximum	***************************************			***************************************			
Average	000000000000000000000000000000000000000	000000000000000000000000000000000000000		000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	
Count	000000000000000000000000000000000000000	,0000000000000000000000000000000000000		000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000	
	onciblo T	wife under the	alter of love that I	Cianatura	f Responsible	Official and	Submission
Official or Aust	horized h	ertify under the per	iaity of iaw that I		i kesponsible i ized Represent		Date/Time
Representa	ntive L	ve personally exami	meu diiu diii	Author	era nehieselle	20146	,
Represente	gruii.	niliar with the infor					
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		uiry of those indivi					
	imr	nediately responsil	ble for obtaining				Certification
1 - 60	the	information, I beli	eve the				Version Date
Jeff	sub	mitted information					
William	con and	l complete. I am aw					2020-06-
vviiiidili	oui are	significant penalti	es for submitting				26 00:06
		se information, incl					26 08:06
		sibility of fine and					

Page 6

 SUBMISSION ID:
 961277
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

			144	DISCHARGE II	VDICATOR.		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1/2 Weeks	1/2 Weeks	1/2 Weeks	1/2 Week	s 1/2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Tota Estimate	Grah
2020-05-01							
2020-05-02							
2020-05-03							
2020-05-04	1.7960	2.2	.0002	27.6048	.3436		
2020-05-05							
2020-05-06							
2020-05-07						0	1.0080
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11	1.7355	1.0200					
2020-05-12							
2020-05-13							
2020-05-14							
2020-05-15							
2020-05-16		***************************************					
2020-05-17		***************************************					
2020-05-18	1.3500	.7400	.00002	26.0600	2.5032	0	1.0160
2020-05-19		***************************************					
2020-05-20		***************************************		***************************************			
2020-05-21							
2020-05-22							
2020-05-23							
2020-05-24							
2020-05-25	7 2222	****					
2020-05-26	1.3230	.9000					
2020-05-27							
2020-05-28							
2020-05-29 2020-05-30		annaceannaceannaceannaceannaceannaceanna		***************************************	***************************************		
2020-05-31		***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	1 222	0.74	2055	26.20	0.2420		1 000
Minimum	1.323	0.74	2.0E-5	26.06	0.3436	0.0	1.008
Maximum	1.796	2.2 1 215	2.0E-4	27.6048	2.5032	0.0	1.016
Average	1.55113	20000000000000000000000000000000000000	0.00011	26.8324	1.4234	0	1.012
Count	4	4	2	2	2	2	2
Name of Resp Official or Aut Represent	ative familia	y under the per ersonally exam r with the infor ted herein and	ined and am mation	Signature o Author	of Responsible (ized Represent		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				е			Certification Version Date 2020-06- 26 08:06

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 SUBMISSION ID:
 961277
 STATUS:
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Erica Huber

NO DISCHARGE INDICATOR:

2020-05-01 To: 2020-05-31

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen Inorganio Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1/2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING			C	Comb	Ck	Cunk	
TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-05-01							
2020-05-02				***************************************			
2020-05-03							
2020-05-04 2020-05-05		***************************************					
2020-05-06		***************************************					
2020-05-07	39.7160	2	8.0800	60.000	.1640	.1776	
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11		***************************************		*************************************			
2020-05-12							
2020-05-13 2020-05-14							
2020-05-15							
2020-05-16							
2020-05-17						***************************************	
2020-05-18	38.1200	2					
2020-05-19							
2020-05-20		*************************************		***************************************		***************************************	
2020-05-21							
2020-05-22 2020-05-23							
2020-05-24							
2020-05-25							
2020-05-26							
2020-05-27							
2020-05-28							
2020-05-29	***************************************		***************************************	***************************************	***************************************		
2020-05-30							
2020-05-31	30.10	2.2	2.22	50.0	2.7.54	A 4 7 7 A	
Minimum	38.12	2.0	8.08	60.0	0.164	0.1776	
Maximum	39.716	2.0	8.08	60.0 60	0.164	0.1776	
Average Count	38.918 2	2 2	1		0.164 1	0.1776 1	
					A		Submission
Name of Resp Official or Aut Representa	gramma	y under the pen ersonally exami r with the infor ted herein and l	ined and am mation	Author	of Responsible (ized Representa	ative	Submission Date/Time
Jeff William	inquiry immed the info submit	of those indivi iately responsil ormation, I beli	duals ble for obtaining eve the is true, accurat				Certification Version Date 2020-06-

false information, including the possibility of fine and imprisonment.

FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2020-05-01 To: 2020-05-31

Ashley, OH 43003

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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